



**CITY OF SALEM DEPT OF REAL ESTATE DEPARTMENT
114 NORTH BROAD ST. SALEM, VA 24153
PHONE 540-375-3058**

APPLICATION FOR REVIEW OF ASSESSMENT

I REQUEST A REVIEW OF THE PROPOSED VALUE CHANGE FOR MY PROPERTY
(A SEPARATE FORM MUST BE FILED FOR EACH PROPERTY)

TAX MAP NUMBER: _____

OWNERS NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS
OF OWNER: _____

CITY/STATE/ZIP _____

REASON FOR THE REQUEST FOR REVIEW
(CHECK ALL THAT APPLY)

A: _____ I FEEL THAT MY PROPERTY IS APPRAISED AT MORE _____ OR LESS _____
THAN 100% OF FAIR MARKET VALUE: GIVE YOUR ESTIMATE OF FAIR
MARKET VALUE:

LAND: _____ BUILDINGS: _____ TOTAL: _____

B: _____ I FEEL THAT MY PROPERTY IS APPRAISED AT A HIGHER VALUE THAN
SIMILAR PROPERTIES SURROUNDING MY OWN: (LIST PROPERTIES
YOU FEEL ARE SIMILAR TO YOURS BUT NOT EQUITABLY APPRAISED)

1. _____

2. _____

3. _____

C: _____ I FEEL THAT MY PROPERTY IS AFFECTED BY AN UNUSUAL OR
NEGATIVE CONDITION THAT MAY NOT BE VISIBLE WITH AN EXTERIOR
INSPECTION:(DESCRIBE THE CONDITION THAT AFFECTS VALUE)

NOTE: PLEASE ATTACH ALL SUPPORTING DOCUMENTS TO THIS APPEAL FOR
CONSIDERATION WITH THE REVIEW OF THISASSESSMENT.

Date

Phone

Signature of Owner or Agent